

## Reports

### **(1). Annual Report, 1964, of Central Leprosy Teaching and Research Institute, Chingleput, Madras State, India.**

Dr Dharmendra, M.B.B.S., the Director reports on his staff for the year. Until the end of August, 1964 he had Dr H. Paul who was succeeded by Dr K. Ramanujam on 1 Sept. There were three resident medical officers in the leprosarium. There was one post of medical officer which was vacant and the post of visiting ophthalmic surgeon was vacant, and one visiting dental surgeon was occupied until August 1964. The Research Section was fully occupied with a senior and junior scientific officer and a m.o. in charge of the mobile treatment unit. In the orthopaedic surgery department there was an orthopaedic surgeon and a junior scientific officer, a medical officer (post is vacant) and a physiotherapist. The post of officer in charge of the X-ray department was vacant. In the Ayurvedic Unit there was a junior scientific officer and a research assistant. In the Children's Clinic at Saidapet there was one medical officer in charge, and one medical officer. In the Laboratories Division there were five officers, and in Epidemiology and Statistics three officers. There was one administrative officer and one social welfare officer in Information and Social Welfare.

With this staff there has been good progress in research and special mention should be made of the investigation of the prophylactic value of DDS in healthy contacts of leprosy patients: the results were very encouraging as to this method of prophylaxis, and 700 contacts were studied on a 'double-blind' method with a due use of placebo tablets, after an initial leprosy survey had been made of 213,000 population. In the young contacts of leprosy the DDS prophylaxis group compared with control groups was found definitely protected.

Teaching and training through the year resulted in a yield of 54 paramedical workers, seven physiotherapeutic technicians, 23 health inspectors, 37 pupil health visitors, and one

medical officer was trained for one year in reconstructive surgery.

Under the Leprosy Research Workers Coordinating Committee of Madras State the Institute held two scientific seminars and the Institute held a third seminar on 'Drug Trials in Leprosy', and the staff of the Institute took an active part in the Conference of the Indian Association of Leprologists, and Dr Dharmendra the Director was in charge of the Committee of Assessment of the Conference.

The Clinical Division conducted the leprosarium both the hospital section and outpatients, clinical and therapeutic research, an orthopaedic surgical section, the mobile treatment unit, and the Silver Jubilee Children's Clinic, Saidapet.

The total of the inpatients was 945 inpatients and 825 ambulatory patients. Patients are kept until stabilisation of their treatments and as soon as possible hospital patients are changed from hospital to out-patient treatment, and 902 inpatients were discharged.

Therapeutic investigations were carried out:

- (1) The long-acting sulphonamide RO 4-4393, with the conclusion that it is not very effective;
- (2) Alectra parasitica, with the conclusion that it is of little value, and no further trials are indicated;
- (3) Therapy with combined DDS and anti-tuberculosis treatment, with the conclusion that it does not produce results better than DDS alone;
- (4) Therapy with parenteral DPT showed definitely less incidence of lepra reaction; it does not seem better than DDS, and DDS in the present smaller dose schedule is as effective and produces fewer complications; further studies in comparison with DDS are planned;
- (5) Acute leprosy neuritis was investigated by a trial of a vasodilator drug Isoxsuprine for relief of pain in 23 patients and it was concluded that this drug was useful and without permanent harmful effects and the mode of administration

by intraneural injection calls for further investigation before a permanent decision.

Clinical investigations were made into borderline leprosy as to bacteriological status, immune status, and response to treatment.

General immunology in all three types of leprosy was studied, and surgical orthopaedics, physiotherapy, and footwear also studied. The procedures were studied and classified, and steady advances made in various procedures. Special investigations were made in field survey, plantar ulcers, extensively infected feet, dynamic foot-prints, protective appliances, and out-patient management of plantar ulcers. The children's clinic at Saidapet continued its mainly routine work, besides its important share in the investigation of DDS prophylaxis.

The Epidemiology and Statistics section studied genetic factors in leprosy, conjugal leprosy, examination of contacts of known patients, survey and re-survey for leprosy, and certain other aspects. It is interesting that re-survey covered 96% of the available population and detected 0.45 per mille in one year and 1.02 per mille over 2½ years.

The Laboratory was very active in routine work and also carried out several useful investigations. For example it classified the histopathological findings according to Ridley & Jopling (*Leprosy Review*, 1962, **33**, 119-128), and made bacteriological studies per phagocytizing leucocytes, and drug assays in body fluids etc.

The Welfare section made important work studies in education and occupation, and culture, recreation, and co-operation and rehabilitation.

This fascinating and useful report merits intimate study in the original.

## **(2). The Gambia Leprosy Control Project, 1965.**

Mr Frank Mead, Lepra representative, is stationed at Mansakonko, and reports that this project in 1965 again concentrated on field work and is still handicapped by lack of proper headquarters, a hospital and laboratory facilities, and above all by a medical officer of its own. In July the post of medical officer (leprosy) was abolished so that no patients were issued with discharge certificates during the year. The

last leprosy officer was Dr I. A. Susman who left in Jan. 1965. The Leprosy Control Officer, seconded from the British Leprosy Relief Association, has been on duty throughout the year and has carried out the administration of all the field work. There are two of the senior grade of Leprosy Inspector and eight Assistant Leprosy Inspectors. In January two Assistant Clinic Inspectors were recruited and trained and are now working in their stations. In addition there is a clerical assistant and several staff drivers. At the end of 1965 there were 11 landrovers (gifted by UNICEF plus four bicycles, and six landrovers were on weekly treatment circuits in the regions of Lower River Division, MacCarthy I. Division, and Upper River Division. Of the bicycles three are used on weekly circuits and the rest in reserve. There is one motor cycle in Brikama where the circuit is large. Allatento Leprosy Village one mile west of Bansant Hospital remains as the only such village treatment centre and a Leprosy Inspector was posted to the village to give daily supervision and the Leprosy Control Officer

visits. There was a visit of Dr Blanc of who to Bansang, Basse, and Mansakonko, Bathurst and other centres, and during 1965, the School Survey was followed up.

A section of statistics reveals that a total of about 5600 leprosy patients were under treatment and nil discharged with certificates. The lepromatous type of leprosy was 8.7% and the tuberculoid 91.3%.

From the report it is clear that (1) the control project needs a head, a medical officer of its own; (2) field work is nobly trying to cover the project but sadly needs a central leprosarium and laboratory.

## **(3). Annual Report, 1965, Leprosy Research Unit, Uzuakoli, Eastern Nigeria.**

This report, the last to come from the pen of Dr S. G. Browne, who has been the Director of the Uzuakoli Leprosy Research Unit since 1959, reviews the problems of control in a country where great progress was registered both just before and immediately after the introduction of mass treatment with the sulphones. The number of new cases diagnosed is now approaching the number of discharges. Early lepromatous leprosy is no longer recognized by the laity. It is

vident that the threshold below which leprosy cases to be a public health menace is not yet known.

Chemotherapeutic trials have again taken a prominent place in the activities of the Unit, thanks to the co-operation of leprosy settlements in Eastern Nigeria.

The phenazine dye, B 663 (Geigy) continues to hold promise of being a useful product, worthy of investigation on a larger scale. A series of patients on a lower daily dose (100 mg.) have shown improvement at the same rate as those in the previous series of 300 mg. daily. Once again, the virtual absence of episodes of acute exacerbation in patients with lepromatous leprosy has been noteworthy.

A small group of patients who had been subject to persistent and prolonged exacerbation, all improved when given B 663, and maintenance doses of corticosteroids could be reduced and eventually completely suppressed.

So far, there have been no examples of sudden reappearance of morphologically normal forms of *Myc. leprae* in these recent series of patients taking B 663.

As regards low-dose dapsone, it is now evident that doses of the order of 50 or 100 mg. weekly are effective, clinically and bacteriologically, in lepromatous leprosy. Resistant strains have not appeared in this régime. Studies are proceeding with low doses of dapsone in other types of leprosy.

Groups of patients with lepromatous leprosy at Uzuakoli and at Oji River are receiving a long-acting sulphonamide (Fanasil, Roche), with good effect. No cutaneous sensitivity has been noticed, and no instance of parallergic sensitization has occurred.

Other investigations have been carried out in the Unit during the year, as evidenced by the 23 publications listed. Dr Browne again travelled widely, presenting papers and giving lectures in four continents.

Since the report was compiled, we learn that Dr A. McKelvie has been appointed to succeed Dr Browne at Uzuakoli. Our best wishes go with him as he assumes the direction of the Uzuakoli Leprosy Research Unit, where John Lowe and Frank Davey did their outstanding work.